

SERFF Tracking Number: LMBR-125424327 State: Arkansas
Filing Company: Lumbermen's Underwriting Alliance State Tracking Number: EFT \$50
Company Tracking Number: 2008-06-WC-F
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation Classification Code 2719
Project Name/Number: Terrorism Disclosure Notice/2008-06-WC-F

Filing at a Glance

Company: Lumbermen's Underwriting Alliance

Product Name: Workers Compensation SERFF Tr Num: LMBR-125424327 State: Arkansas

Classification Code 2719

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: 2008-06-WC-F

State Status: Fees verified and received

Filing Type: Form

Co Status: Pending

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Donna Bauman

Disposition Date: 01/11/2008

Date Submitted: 01/10/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Terrorism Disclosure Notice

Status of Filing in Domicile: Pending

Project Number: 2008-06-WC-F

Domicile Status Comments: Not approved yet. Filed same as this filing.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/11/2008

Deemer Date:

State Status Changed: 01/11/2008

Corresponding Filing Tracking Number:

Filing Description:

Lumbermen's Underwriting Alliance (LUA) is a subscriber of the National Council on Compensation Insurance, Inc. (NCCI) and we follow NCCI for advisory loss costs, rules, forms and statistical reporting.

Enclosed for informational purposes, is a copy of LL 99 85 01 08 – LUA Disclosure Notice and Offer of Terrorism Coverage. The Disclosure Notice has been revised in accordance with the Terrorism Risk Insurance Program

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Reauthorization Act of 2007.

Please don't hesitate to contact me if you have any questions.

Company and Contact

Filing Contact Information

Donna Bauman, Donna.Bauman@ins-lua.com
1905 N.W. Corporate Blvd. (561) 994-1900 [Phone]
Boca Raton, FL 33431-7303 (561) 988-8297[FAX]

Filing Company Information

Lumbermen's Underwriting Alliance CoCode: 23108 State of Domicile: Missouri
1905 N.W. Corporate Blvd. Group Code: Company Type: Commercial
Property and Casualty
Boca Raton, FL 33431-7303 Group Name: State ID Number:
(561) 994-1900 ext. [Phone] FEIN Number: 43-0799570

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lumbermen's Underwriting Alliance	\$50.00	01/10/2008	17425608

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/11/2008	01/11/2008

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Disposition

Disposition Date: 01/11/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover letter and Disclosure Notice	Approved	Yes

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/11/2008

Comments:

Expedited TRIA transmittal form attached.

Attachment:

EFTD.pdf

Satisfied -Name: Cover letter and Disclosure Notice **Review Status:** Approved 01/11/2008

Comments:

Cover letter and Terrorism disclosure notice LL 99 85 01 08 attached.

Attachments:

Filing letter.pdf

LL 99 85 01 08.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) **AR**

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Lumbermen's Underwriting Alliance	MO	23108	43-0799570

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Donna Bauman 1905 NW Corporate Blvd. Boca Raton, FL 33431-7303	(800) 327-0630 x291	(561) 988-8297	donna.bauman@ins-lua.com

Filing information

Line of Insurance (see attachment)	16.0 Workers' Compensation
Company Program Title (Marketing title) (if applicable)	Workers' Compensation and Employers' Liability
Filing Type ** see note below	Form
This application is used with:	
Effective Date Requested	01-01-2008
Filing date	01-09-2008
Company Tracking Number	2008-06-WC-F
Date filing approved in domiciliary state, if applicable	Not approved yet. Filed on same date as this filing.

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	LUA Disclosure Notice and Offer of Terrorism Coverage	LL 99 85 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	LL 99 85 01 07	

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act and the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Donna Bauman

P&C Filing Analyst

Signature

Print Name:

Title:

LUMBERMEN'S UNDERWRITING ALLIANCE

A RECIPROCAL INTER-INSURANCE EXCHANGE
A MEMBER COMPANY OF THE LYNN INSURANCE GROUP
HOME OFFICE • BOCA RATON, FLORIDA

1905 N.W. CORPORATE BOULEVARD, BOCA RATON, FLORIDA 33431-7303
TELEPHONE (561) 994-1900 • FAX (561) 994-8362



January 10, 2008

Honorable Julie Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

**RE: Lumbermen's Underwriting Alliance
Workers' Compensation and Employers' Liability
Terrorism Disclosure Notice
Filing No: 2008-06-WC-F
NAIC No: 00023108
FEIN No: 43-0799570**

Dear Commissioner Bowman:

Lumbermen's Underwriting Alliance (LUA) is a subscriber of the National Council on Compensation Insurance, Inc. (NCCI) and we follow NCCI for advisory loss costs, rules, forms and statistical reporting.

Enclosed for informational purposes, is a copy of LL 99 85 01 08 – LUA Disclosure Notice and Offer of Terrorism Coverage. The Disclosure Notice has been revised in accordance with the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Please don't hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink that reads 'Donna Bauman' with a long horizontal flourish extending to the right.

Donna Bauman
P&C Filing Analyst
Governmental Affairs
donna.bauman@ins-lua.com
(800) 327-0630 x291



LUMBERMEN'S UNDERWRITING ALLIANCE

LUA Notice and Disclosure of Terrorism Premium

This Coverage Part/Policy covers certain losses caused by terrorism. In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to the coverage for terrorist acts certified under that Act.

Disclosure of Federal Participation in Payment of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceed the applicable insurer retention. There is a \$100 billion dollar cap that limits federal reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

Disclosure of Premium

The portion of your premium attributable to coverage for terrorist acts certified under the Act is \$ _____ and does not include any charges for the portion of losses covered by the United States Government under the Act. Please note that this amount is based on the most current information available to us on the date of this notice and could vary at policy issuance.

Account Number/Policy Number/Effective Date

DATED:

LL 99 85 01 08

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